of special centers in the cortex are very suggestive. The striated body is possibly to be considered as a submerged portion of the cortex. It is practically the only representative of the cerebrum in reptiles and birds. The pallium attains a very imperfect development in the latter so that fundamental functions—such primal acts as the taking and swallowing of food—probably have a representation in the striated body. Perhaps, too, the mechanism of laughter has a similar representation. Further the facts of anarthria suggest that the striated body has some function of coördination. We should remember in this connection also that the original case of athetosis of the elder Hammond revealed at the autopsy, made many years later by his son, lesions in the striated body.

Dr. Lloyd said that there were two groups of speculators on this subject. There are those who claim that the lenticular nucleus is nothing but a pathway for fibers to pass through, and that it is not in itself an independent center. Dejerine appears to hold that a case like this is due to interruption of fibers at or near the knee of the internal capsule.

Others claim that the lenticular nucleus is an independent coördinating center in itself. This seems to have been Marie's idea when he said that motor aphasia is merely an anarthria plus a sensory aphasia; but the trouble with that theory of Marie's is that in ordinary motor aphasia there is no true anarthria, as in Dr. Lloyd's case. His patient had a complete paralysis of the muscles of the lips, tongue, lower jaw, and even of some muscles of the larynx, a condition which is not seen in motor aphasia.

Dr. Lloyd said that he had not much confidence in the mere gross inspection of these lesions, because the damage and interference with function during life may be much more extensive than appears from a post mortem examination. The cortical centers for all the affected muscles in this case lie very close together, and their motor fibers probably pass down through the capsule close together also; therefore, it is not inconceivable that a limited lesion in the lenticula might just involve the comparatively small bundle of motor fibers in the internal capsule.

Dr. Lloyd was not prepared to offer any theory himself in explanation of the automatic laughter.

ADIPOSIS DOLOROSA—A CONSIDERATION OF ITS DIAGNOSIS AND PATHOLOGY, WITH REPORT OF AUTOPSIES

By G. E. Price, M.D.

A report of two typical cases of adiposis dolorosa from the service of Dr. Dercum at the Philadelphia Hospital, being the sixth and seventh to be recorded with autopsy. They were both females, aged 48 and 57 years, respectively, and presented nothing unusual in their clinical history.

The pathological findings in Case 1 were: Inflammatory changes in the thyroid with marked increase in the connective tissue of one lobe, the other showing compensatory hypertrophy; also inflammatory changes in the hypophysis together with a condition resembling adino-carcinoma. The ovaries were sclerosed, and there was present an interstitial and parenchymatous neuritis of the terminal filaments. In Case 2 the thyroid was somewhat enlarged, with increase of the connective tissue and dilatation of many acini with occasional infoldings or plications of the lining epithelium. The hypophysis presented changes similar to those found in Case 1, but less marked.

The probability of the hypophysis contributing to the symptomatology of adiposis dolorosa through perversion of its function, was emphasized; also the fact that both the thyroid and pituitary were influenced by such toxic and inflammatory processes as alcohol and syphilis.

Drs. Price and Hudson reported from the orthopedic and neurological departments of the Jefferson Hospital a case of Dercum's disease presenting the typical symptom group, and also showing arrest of development of the ribs and dorsal vertebræ. The report was accompanied by a radiogram.

Attention was called to the probability of the hypophysis being an etiological factor in both of these conditions.

A CASE OF ADIPOSIS DOLOROSA WITH INVOLVEMENT OF THE LARGE NERVE TRUNKS

By P. N. Bergeron, M.D.

Dr. P. N. Bergeron reported an unusual case of adiposis dolorosa with involvement of the large nerve trunks, in a woman 45 years of age. The patient's father had been a chronic alcoholic. The patient never used alcohol nor could a history of syphilis be elicited.

She suffered from an attack of influenza at the age of 35 years. From her thirtieth year to the onset of the attacks she frequently had paresthesia of the hands. The menopause occurred prematurely at the age of 37 years and was followed in a few years in a gain of 45 pounds in weight. The disease began three years before. Besides presenting all the symptoms common to this affection the case is an interesting one in that it is characterized by three unusual features: (1) The comparative absence of circumscribed masses of fat, there being only four present; one about each elbow bursa, and two in the region of the metacarpo-phalangeal joints of the right hand. (2) The extreme sensitiveness of the entire subcutaneous adipose tissue; and (3) the marked pain that could be elicited on pressure over the large nerve trunks. Marked improvement resulted from the use of thyroid extract.

NOTE ON A CASE OF ADIPOSIS DOLOROSA IN WHICH THERE WAS PRESENT ALSO SPASTICITY AND CONTRACTURE INVOLVING THE EXTREMITIES

By F. X. Dercum, M.D.

Contractures and adhesions of the fingers have occasionally been noted in adiposis dolorosa as, for example, in one of the early cases described by the writer. Extensive contractures, however, have not been noted. The present case is as follows:

M. D. T., white, female, age 36, single, American, and a clerk by occupation, was referred to Dr. H. A. Wilson at the Jefferson Hospital for an opinion, February 5, 1908. Later Dr. Wilson transferred her to Dr. Dercum's care.